

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17356
STATE FILE NUMBER

6254

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

6254

1. PLACE OF DEATH

a. COUNTY

JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. CITY

KANSAS CITY

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

2717 Vine

Length of stay in 1b

45 yrs.

d. STREET
ADDRESS

2717 Vine

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

CARRIE

First

Middle

Last

RICHARDSON

4. DATE
OF
DEATH

Month

Day

Year

12-29-57

5. SEX

Female

6. COLOR OR RACE

Negro

7. MARRIED ☒ NEVER MARRIED ☐
WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH

April 24, 1885

9. AGE (In years
last birthday)

10. FUNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (City and state or country)

Ripley, Tennessee

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

Robert Leake

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

John Richardson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

John Richardson 2717 Vine St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusion -
arteriosclerotic heart disease

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Myocarditis, senility

INTERVAL BETWEEN
ONSET AND DEATH

4200

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

Death occurred at

12/29/57

12/29/57

12/29/57

12/29/57

and last saw her alive on

12/28/57

than the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

3900 Paces HC Mo.

22c. DATE SIGNED

1/31/58

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

1-3-58

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kans. City, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Watkins Bros. Funeral Home 18th & Benton

25. DATE RECD. BY LOCAL REG.

1-2-58

26. REGISTRAR'S SIGNATURE

Neva Minchell



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4570

P. O. Address 18th & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.